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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Hospital Statistics in reference to Rates of Mortality after and before the Introduction of Chloroform.—The statements recently made by Dr. Arnott, respecting the high rate of mortality after operations under chloroform, have appeared of sufficient importance to the surgeons of St. Bartholomew's Hospital to lead Mr. HOLMES COOTE (wishing to meet the matter with facts rather than with opinions) to state the result of an examination of the hospital books.

Chloroform is at present administered at St. Bartholomew's with a frequency which must cause any exceptional circumstances to be at once perceptible in the annual returns of deaths. Under the effect of chloroform, contracted limbs are rendered straight, painful tumours and dislocations are examined, and patients are sounded for stone; navi in infants are tied or burnt, and a host of such minor operations of every sort

are performed; strangulated hernie are examined, and dozens of cases of inguinal hernia, in particular, are returned without operation. It would be as difficult to decide, in fact, how many times chloroform is administered during the year, as to say how many abscesses are opened: it constitutes, in a word, as common an occurrence in hospitals as any of these accidents; and its use is becoming every year more and more common, and, we believe, less and less dangerous.

What has been the effect of chloroform upon the rate of mortality? Mr. Coote, we believe, was one of the first who applied sulphuric ether for Mr. Lawrence in 1846; while the practice of anesthetics did not come into any sort of general use till 1848. He has contrasted the returns of 1845-7 with those of the recent years, 1854-6, when chloroform, as just stated, is all but universally used in all the operations, not alone of St. Bartholomew's, but of all the large hospitals.

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VOL. XV.—3

Number of Medical and Surgical Cases admitted into St. Bartholomew's Hospital.

Date.	Admissions.	Deaths.	Average deaths.
1845-6	5419	356	1 in 15.22
1846-7	5831	382	1 in 15.23
Total of two years	11250	738	1 in 15.22
1854-5	6439	633	1 in 10.17
1855-6	6020	559	1 in 10.76
Total of two years	12459	1192	1 in 10.45

It may be objected to these figures, that they comprise both medical and surgical returns, of which the former have little or nothing to do with any supposed results from chloroform. Let us, therefore, take the list of surgical cases, with the proportion of deaths, apart from those admitted under the care of the physicians.

Number of Surgical Cases admitted into St. Bartholomew's Hospital.

Date.	Admissions.	Deaths.	Average deaths.
1845-6	2762	152	1 in 18.17
1846-7	2830	145	1 in 19.51
Total of two years	5592	297	1 in 18.82
1854-5	2990	165	1 in 18.12
1855-6	2972	200	1 in 14.95
Total of two years	5962	365	1 in 16.33

It must not be imagined that surgical operations have diminished in frequency; on the contrary, since 1845, they have nearly doubled.

In 1845-6, the number was 132.

In 1855-6, the number was 260.

The reason of this, we believe, is obvious; that now, under chloroform, patients submit more readily to the operating knife, whereas in former years many died unrelieved.

The proportion of serious operations during the past year has been quite as great as in former years; perhaps more so, because long and difficult dissections have been performed, which might have been deemed too severe and painful for the patient to support under other circumstances. One surgeon at St. Bartholomew's performed, during the years 1845-7, 21 amputations; and during the years 1854-6, 18 amputations. Another performed, during the years 1845-7, 4 amputations; and between 1854-6, 20 amputations. Thus the numbers were: for the first two years, 25; and for the second, 38.

Every case of immediate death following the administration of chloroform would be carefully recorded and published, as being

of far too great practical importance to be let drop. Every such accident in St. Bartholomew's Hospital has already appeared in the public journals. As regards deaths ensuing from later consequences, such as pyæmia, Mr. Coote says that he sees no connection established between such phenomena and the use of chloroform; at all events, none is at present proved. He considers, without being immediately possessed of accurate data, that deaths from purulent deposits in St. Bartholomew's Hospital are most frequently recorded in cases where there had been neither the administration of chloroform nor any surgical operation; indeed, we recently gave a case of pyæmia for which no obvious cause could be assigned.

It need scarcely be remarked, that, during operations, the insensibility from anaesthetics, like the infliction of pain, can be endured with safety by the patient only for a limited time; therefore, when the preliminary effects of chloroform have been produced, the surgeon should be quite prepared, without a word or observation either from himself or others, without a pause in determining the position of his patient, or the nature of his proceedings, to commence his part of the duty on the instant, and to complete it with all due speed. Neglect of such common attentions frequently renders necessary the inhalation of a far larger amount of chloroform; and the patients may suffer on account of the quantity inhaled, although fatal results have in most instances ensued during the first few minutes of the administration.

It may be observed that, since the year 1846, when Mr. Lawrence extirpated the globe of the eye from a gentleman under the influence of sulphuric ether, to the period when he tried chloric ether, and up to our later dates, when chloroform and amylene have superseded the two preceding, Mr. Coote has administered anaesthetics himself, as well as seen them administered, both in public and in private practice, to a considerable extent; and, although circumstances have, upon three or four occasions, made him anxious for some minutes (such as a state of deep syncope and almost collapse on the patient's part), he has never yet seen a case in which he could refer the patient's death to the administration of any anaesthetic now in use, although a few well authenticated fatal cases have been recorded in the practice of others.

In some hospitals, it may be remembered, chloroform is scarcely ever or never used; thus, Mr. Salmon, at St. Mark's Hospital, has an instinctive fear of chloroform, and has performed 4,000 operations there without chloroform; and, what we deem of far greater moment, without one case of pyæmia or erysipelas. Mr. Quain objects to chloroform at University College Hospital; and at the Ophthalmic Hospital, Moorfields, thousands of operations are done, by preference, without chloroform.

As any facts connected with the statistics of large hospitals, however imperfect, often contain points of interest, the following further report may be instructive as to operations *en masse* at St. Bartholomew's Hospital.

Since 1845 (just before the introduction of chloroform as an anæsthetic), surgical operations have been gradually on the increase. From August, 1845, to August, 1846, there were 127 cases recorded in a book kept with great accuracy by an officer (Mr. Morris), appointed specially for that duty. From August, 1845, to August, 1856, just ten years interval, there were 264, or more than twice the number recorded. In the three years commencing August, 1845, and terminating August, 1848, there were 384 operations performed in the hospital. In the three years commencing August, 1853, and terminating August, 1856, there were 679 operations. These do not include the minor operations, such as those done in the wards, the out-patient rooms, or the casualty, but refer solely to cases brought into the operating theatre.

The reason of this increase appears to be, that many operations previously regarded as too fearful are now recommended, and performed with safety, the patient being under the influence of chloroform; for example, the forcible extension of contracted limbs, the excision of the articular extremities of bones in diseased joints, the removal of large tumours requiring a tedious and difficult dissection. It appears that amputations have rather diminished in proportion to the increased number of cases; many a limb is now preserved which would have been condemned in former times.

The average number of the more important operations performed yearly by each senior surgeon is 40; that of the same class of operations performed by each assistant-surgeon, 19. Consequently, in each of the

four great divisions of the hospital, on an average, 59 operations of the severer kind are performed annually. But the numbers are not the same in each division: thus, in one, there were 69 operations in one year; in another, only 40. In the division to which Mr. Coote is attached, the number was less than it would have been, in consequence of his being absent on duty one-half the present year in the British hospitals in Turkey.

During the year ending August, 1856, 32 cases of strangulated hernia were operated upon. We do not believe they have suffered from chloroform. Of amputations, the number was 43. The operation was performed at the upper arm only thrice; at the thigh, seven times; at the forearm, five times; at the leg, ten times. Fifteen amputations of all kinds were performed on the hand, but only three on the foot. The lower extremity is much more liable to diseases requiring amputation; but of all parts, the hand and forearm are the most exposed to accident.

These facts agree to a certain extent with what we see every year after operations at Guy's, St. Thomas's, the London Hospital, and other large institutions like these. We believe there is more secondary hæmorrhage after chloroform than twenty years ago; and if we can trace the prevalence of pyæmia to any causes more than others, they are overcrowding in London hospitals, and certain epidemic or meteorological alterations occasionally in the atmosphere of London and large cities with which we are now familiar.

As a matter of curiosity and comparison, we here subjoin the analogous returns from Guy's Hospital. The similarity, nay, almost the identity of the results, is somewhat striking. In other numbers of the *Association Journal*, it has been shown that, with "all appliances and means to boot" of modern surgery, as compared in the statistics of actual surgical operations in the late Crimean war and Mr. Guthrie's statistics after Waterloo, the rates of mortality since 1815 have remained nearly the same.

*Number of Surgical Cases admitted into
Guy's Hospital.*

Date.	Admissions.	Deaths.	Average deaths.
1845	2029	121	1 in 16.76
1854	2709	157	1 in 17.25

We have in no way picked these years out. The books are kept differently at each of these institutions; but the preceding figures give a general idea of the statistics

of the two largest hospitals in London, before and after chloroform; and, as far as about 10,000 surgical cases may form an impression, one-half before and one-half succeeding the introduction of anaesthetics, the figures vary a little rather in favour of chloroform at Guy's, and against it in St. Bartholomew's Hospital.

“The recent statistics of Professor Simpson are very interesting; but they only show 6 patients in 100 as saved by chloroform; so that, with the well-known leanings of Dr. Arnott on one side, and Professor Simpson on the other, we may dismiss chloroform from our consideration as a primary cause of death after operations. What its effect may be in inducing nervous symptoms, headache, secondary hemorrhage, and, through hemorrhage, debility, and pyæmia, must remain still *sub judice*.

Ligature of the External Iliac Artery.—Mr. HILTON has recently dismissed from Guy's Hospital, a man for whom, some four months ago, he performed ligature of the external iliac, on account of aneurism of the femoral extending nearly up to Poupart's ligament. The recovery was complete, the wound being soundly healed, and the tumour solid. It had, indeed, been throughout quite satisfactory, excepting some slowness in healing, and, at one period, a tendency to sloughing on the part of the wound. There had never been any inconvenience as regards the circulation in the limb. This case makes the fifth ligature of the external iliac which has been performed in the London hospitals during the last three years, and of these four have been successful. The operators have been: Mr. Skoy, once; Mr. Solly, once; Mr. Hilton, once; and Mr. Ferguson, twice. The fatal case was one of those under the care of Mr. Ferguson, and in which unusual difficulties attended the operation on account of the inflammation of glands, cellular tissue, &c., surrounding the vessel. The patient died of pleurisy. In all the cases the patients were men, and in fair health, the disease being aneurism of the femoral. The proportion of deaths is exactly that shown in the collection of cases made by Dr. Crisp in his Jacksonian Prize Essay on Diseases of Arteries, who gives 45 cases, and 9 deaths, or exactly 1 in 5. It must be remembered, however, that Dr. Crisp's statement has no claim to be trusted as statistical, since it is made from published

cases, whilst it is well known that successful ones find their way into print much more readily than those ending fatally. Still, there can, we think, be little doubt but that ligation of the external iliac is a much less dangerous operation than is generally supposed. —*Med. Times and Gaz.*, Jan. 24, 1857.

Varicose Veins treated by Needles and Subcutaneous Section.—Those students who follow the practice of Mr. Erichsen, at University College Hospital, must have seen him treat varicose veins, we may say, scores of times, by passing pins under the veins, and then applying a figure of 8 suture over them, generally in three places. This produces obliteration of the vein, and some days later the vein is divided subcutaneously, and in three or four days the cure is complete. This was repeated, last Wednesday, on a young woman with this condition of the veins of the left leg. At King's College Hospital, a few days back, we saw a case treated by Mr. Henry Lee in the same manner. He passed the pins under the veins on the 7th inst., on the 10th he divided the veins subcutaneously, on the 11th he removed the pins, and on the 17th the patient went out well. The subdivision of the veins after obliteration, is a process for which the profession is solely indebted to Mr. Lee as the first to recommend it, and the advantages of such a proceeding cannot but strike the most superficial observer. Mr. Erichsen's practice in these cases differs from Mr. Lee's in that he removes the pins altogether when he divides the vein between them. We do not recollect any single instance, in the large number which we have seen treated, of any bad effects following this plan of treatment. The great secret in the success is to avoid puncturing the vein, and this is effected by lifting it up, and passing the pin well under it. —*Lancet*, Jan. 31, 1857.

Vapour of Amylene in Midwifery.—This substance is getting a fair trial at several of the London hospitals; but a positive opinion has not as yet been pronounced upon its merits at any other than at King's College Hospital, for the present, where Dr. Snow himself has so ably administered it. There is one thing that should be remembered when giving it, and that is, to use an inhaler, and not a mere piece of lint. How well soever this may occasionally answer with

chloroform, it does not do so well with amylene. It has already been used in midwifery practice, by Dr. Tyler Smith, with the most satisfactory results. He has observed to us, that he administered it on a folded towel, to the extent of about thirty, forty, or fifty drops at a time, on the coming on of each pain. It produced rapidly a state of insensibility to pain, the uterine contractions remaining undiminished in force and frequency. The recovery of sensibility after pain was over, and the towel removed, was always almost instantaneous. At the time of the birth of the child, the insensibility was as complete as though chloroform had been used. The placenta was detached, and came away readily, and the uterus afterwards contracted well. The pulse was found to be little, if at all affected, the child was vigorous and healthy, and did not seem at all influenced by the anæsthetic. Dr. Tyler Smith thinks the advantages, as compared with chloroform, in midwifery, would seem to be the suddenness of its influence and its asserted safety, and the rapid disappearance of the insensibility after the amylene is withdrawn. The only disadvantages he could perceive, are the pungent smell and the large quantity consumed. As many questions have been asked as to its probable effects in midwifery practice, we hope the above information will prove useful.—*Lancet*, Jan. 31, 1857.

Clinical Lecture on Amussat's Operation.

By JOHN ERICHSEN, Esq., Professor of Surgery in University College, &c.—*Gentlemen*: I wish to direct your attention to-day to the case in which I last week opened the descending colon in the left lumbar region, and which, though it has not terminated so satisfactorily as we could have wished, affords me an opportunity of bringing some points connected with the operation usually called *Amussat's*, under your observation.

Before proceeding to detail the case in which I have lately operated, I think it well to make a few remarks on the general subject of the operation itself—the principle on which it is founded, the anatomy of the parts concerned, and the cases requiring it:

1. The principle on which *Amussat's* operation is founded, is very simple. It is to establish an artificial anus without wounding the peritoneum, by opening the posterior third of the descending colon in the left lumbar region, where that portion of the

gut has no serous investment. In this respect, *Amussat's* operation resembles that of puncturing the bladder above the pubes, or behind the prostate, the surgeon opening the viscus in situations where it is not covered by peritoneum. Before *Amussat* applied this principle to the colon, surgeons had, in cases of intestinal obstruction, been in the habit of following an operation proposed by, and named after, *Littre*, which consisted in making an incision in the left iliac fossa, through the peritoneum, drawing forward a knuckle of intestine, opening and fixing it to the edges of the wound in the integuments. Such a procedure as this was so fraught with danger from the peritonitis that of necessity ensued, that few had the hardihood to undertake it, but preferred letting their patients die the most horrible of all deaths—that from intestinal obstruction—rather than submit them to so hazardous an operation. Whilst attending the celebrated physician, *Broussais*, for cancer of the rectum, of which he died, *Amussat* states that he was led to reflect on the standard resources offered by surgery in such cases, and was led, by the inquiries that he had then instituted, to the conclusion that the proposal made more than half a century back, by *Callisen*, of Copenhagen, of opening the left lumbar colon, behind the peritoneum, was a feasible one, and should be adopted. You will observe that, in the introduction of this operation, as in so many other improvements in our profession, and in practical science generally, the sole merit did not lie with one originator, but the proposition of one is put in practice by another. *Callisen* proposed the operation on theoretical grounds, but attempting its performance on the dead subject, found the difficulties to be so great that he abandoned it. *Amussat* here took it up, investigated the matter afresh, put it in practice on the living subject, and thus established it as a most important addition to the means that the surgeon has at his disposal for the relief of otherwise intractable disease.

2. The anatomy of the parts concerned, and the steps of the operation, must next engage our attention. The point of most importance is the relation of the descending colon to the peritoneum in the left lumbar region. In order to study this, you should dissect the body from behind. In an ordinary dissection, or in a dead-house examination, the body being opened from the

front, the colon is drawn forwards, and thus a distinct and somewhat elongated mesocolon will be formed in the left lumbar region. But this mesocolon is in a great measure formed by the traction of the dissector tearing off the reflexions of the peritoneum in the lumbar region, and does not naturally exist, as will be seen on making the dissection from behind, when the posterior third of the descending colon will be found lying closely against the cellulo-adipose layers that line the abdominal wall in this situation. It will be seen to be uncovered by peritoneum, and to have no loose or floating mesocolon; but the serous reflexion will be found to be closely applied to the wall of the abdomen on each side of the gut. It is, however, very important to observe, that the extent of gut that is uncovered by peritoneum, will vary according as the colon is contracted or distended. When empty and contracted, the peritoneal reflexions come into very close apposition, and nearly overlay the naked portion of gut; but when this is distended they are pushed aside, as it were, and a broad expanse of colon will be seen to be uncovered by peritoneum. The facility of exposing the uncovered part of the colon, without wounding the peritoneum, will be in the exact relation of its amount of distension.

The region in which the operation is performed, is bounded above by the last false rib; below, by the crest of the ilium; behind, by the lumbar spine; and in front, by an imaginary mesial lateral line. In this oblong quadrilateral space, a horizontal incision should be made, commencing two fingers' breadth to the left side of the spinous processes of the lumbar vertebrae, and carried horizontally outwards for about four inches midway between the last rib and the crest of the ilium. After the integumental layers are divided, the anterior edge of the latissimus dorsi, and the posterior part of the abdominal muscles, are successively divided. The dissection is carried down through these, until the transversalis fascia is reached; the anterior and middle lamellae of this are opened, and the edge of the quadratus lumborum exposed. The real difficulties of the operation now commence; the surgeon having to dissect carefully through layers of cellulo-adipose tissue which lie in front of the abdominal wall, and which cover in the colon and the contiguous reflexions of peritoneum. If the

gut is distended, this tissue will be pushed well aside, and the intestine may easily be reached; but if it be contracted and empty, it will be found to recede somewhat from the surface, to lie at a great depth, and to be almost overlapped by the reflexions of the peritoneum, to avoid wounding which requires the greatest care. It is also covered in by a quantity of loose, cellulo-adipose tissue, which, as it rises and falls with the respiratory movements, presents a considerable resemblance to the peristaltic motions of the small intestine, for which it may be at first mistaken. After having worked his way through this tissue, the colon will be exposed towards the outer angle of the wound. This gut can at once be recognized from any other structure by its grayish-green hue, the longitudinal stripes on its posterior surface, and its thicker feel. When exposed, a needle, carrying a strong whipcord, should be passed through it in a vertical direction, and the gut being thus drawn to the surface, may be properly opened and stitched to the edges of the wound.

Commonly, the colon will be found lying vertically across the wound in a line corresponding to the outer edge of the quadratus lumborum, and the "directing line" to it may be said to be the line of aponeurotic structure, formed by the puncture of the two lamellae of the transversalis fascia that constitute the sheath of the quadratus, and which may readily be distinguished, by its colour, from the muscular structures across which it lies, as it traverses the incision in a perpendicular direction. Below this, the colon, when distended, will always be found; but, when contracted, it retreats beneath the quadratus, and the anterior edge of this muscle must be divided before it can be exposed.

There is one caution I have to give you about opening the colon. It is that the gut should be well drawn forwards before it is punctured fully on a level with the skin, in order that its contents may not be extravasated into the loose cellular tissue around it, and, when opened, the edge of the aperture must be stitched to those of the incisions in the skin.

3. The next point that we have to consider is the class of cases in which this operation is required. These are threefold—1st, feculent distension supervening in obstruction of the rectum or sigmoid flexure of the colon, or arising from the pressure of tumours, the

blocking up of the gut by cancerous disease, or the gradual closure of a stricture; 2dly, for congenital absence of the rectum; and 3dly, for the relief of pain in ulcerated cancer of the rectum. Thus you will observe that the operation may be performed on two different principles—first, for the relief of intestinal obstruction, by affording a vent to the pent-up intestinal contents, where the lower portion of the intestinal tube is blocked up, or is congenitally absent; and secondly, on a totally different principle, in cases in which there is no retention of feces, but in which the patient is worn out by the agonizing suffering induced by the passage of the feculent matters over the raw and ulcerated surface of a cancerous rectum. In these cases, defecation is a horrible torture, the pain of which is dreaded by the patient, in consequence of which he defers the act as long as possible, and, when it does take place, the suffering induced is such, that for hours afterwards he will lie in an exhausted state. The constant recurrence of such suffering speedily wears out the strongest frame, and the passage of the feculent matters through the ulcerated rectum stimulates the activity of the cancerous disease, which thus makes more rapid and extensive ravages than it otherwise would, and thus hastens the fatal termination of the case.

(1). I will not dwell, at present, on the performance of Amussat's operation in cases of intestinal obstruction; but I may remind you that it is of course only in the chronic form of the disease that it is applicable. *Acute* intestinal obstruction almost invariably proceeds from internal strangulation or intussusception of the small intestine, and here of course the procedure that we are now discussing can afford no relief; but *chronic* intestinal obstruction is almost invariably—I believe, invariably—dependent on disease implicating the large intestine, and such disease is, in the vast majority of instances, seated below the descending colon, at the upper part of the rectum, or in the sigmoid flexure. When such is the case, the opening of the colon in the left lumbar region will afford the required relief. In these instances, the operation is comparatively easy; the gut is enormously distended, presses forcibly against the posterior abdominal wall, and pushes widely aside the lateral reflexions of peritoneum, so as to leave a large surface uncovered by serous membrane. I was present, many years ago, at

the first operation of this kind that M. Amussat performed, and I shall never forget the immense rush of flatus and feces that took place, and the instantaneous relief that ensued when the gut was punctured, the obstruction having lasted more than forty days. In cases such as these, some surgeons prefer opening the cæcum in the right lumbar region; but as the transverse colon is very rarely, if ever, the seat of the stricture, I cannot see any advantage in departing from the operation as recommended by Amussat.

(2). In cases of congenital absence of the rectum—not of simple imperforate anus—Amussat's operation has occasionally been attempted, but its performance in such cases is full of difficulty, on account of the narrowness of the part in which the surgeon has to work, the depth of the gut from the surface, its small size, and its occasional malposition. I am not aware that its performance in this malformation has been attended by any permanent benefit, and I should, in preference, feel disposed to do what we have had occasion to practise here several times of late years, viz: the establishment of an artificial anus in its normal situation.

(3). We will now briefly consider the case in which you saw me operate the other day, and the class to which it belongs. It is related as follows, in the case-book, by Mr. Jeaffreson:—

Case. Cancerous Disease of the Rectum.

—Stephen C—, aged forty-five years, was admitted into University College Hospital on Friday, November 14, 1856. He was by trade a plumber, and lived in Sudbury till twenty-one years of age. He then removed to London, where he followed his trade till he was twenty-nine years of age. He then established himself in business as a malster, at Groton, in Suffolk. He was then single; his life was irregular; "he never was a drinker," but, on being asked whether he went home directly after market, &c., I found that he stopped late, and habitually drank freely. He was a remarkably strong, active man, being in the habit of lifting heavy weights, &c., for wagers. I should mention that he says drinking so freely after markets was his ruin. Eight years ago, he returned to London, and got employment as a plumber, which he continued till this illness. He is of about average height, and the body well set, the limbs firmly placed. His complexion is now very

pale and sallow, and countenance anxious; his eyes light brown, and sunken; his hair dry, lank, and brown in colour. All the teeth but two molars on the left side, are gone from the upper jaw; in the lower jaw, there is a perfect set of teeth, but the gum is absorbed, leaving the fangs quite clear. He is desponding with regard to his state. His parents were remarkably healthy; his mother died at the age of seventy-four, his father at seventy. On the mother's side, his grandfather died at near seventy, grandmother nearly as old, but exact age not known. The patient has been married four years, but has no children; his wife is only thirty years of age. He says he has had no disease of his genital organs for the last fifteen years, but previously to that he had several gonorrhoeas and chancres also; once he had a bubo, which did not burst. For his venereal diseases he took mercury, at six different times at least, not always, he says, to the extent of salivation, but always enough to make the gums sore and the teeth tender. Whilst an apprentice as a plumber, he had colic once. He has had two slight attacks of gout in the great toe of the left foot—once about a year after he returned to London, and was following his business of plumber; the other, *about four years ago*. At this period, he first felt a dull, aching pain across the loins, which has been more or less continuous ever since. *Two years ago*, he lost blood by the rectum, for the first time to his knowledge; "it was then enough to splash about the pan of the water-closet; and this continued, more or less, till *eighteen months ago*, when, being confined as to his bowels, he took some aperient medicine, which about nine in the morning began to operate. He went five times to the pan, but he passed nothing but pure blood; in the space of about half an hour, two quarts of blood came away, "feeling warm and silk-like;" it was clotted. The loss of blood caused him to faint twice. He then got to bed, and, after remaining quiet about a quarter of an hour, he, at half-past 10 A. M., passed a copious, perfectly clear motion, "not firm, but fair." He now gave up work, from weakness and pain in the loins and limbs. He now also, for the first time, experienced pain in the fundament, at first of a smarting, but afterwards of an aching character, not much increased by going to stool. *About seventeen months ago*, he went into Middlesex Hospital, supposing he was

suffering from internal hemorrhoids. He was not examined per rectum, but put upon sulphur baths and electuary, and kept resting on his back. He was discharged relieved. The hemorrhage did not recur for about a fortnight after his leaving the hospital. *About fifteen months ago*, he went to the Fistula Hospital, City Road, and was under the care of Mr. Salmon, who told him he had a cancer, after examining him per rectum, gave him sulphur and treacle, &c. He gradually got worse, but remained under Mr. Salmon's care four months. *About eleven months ago*, he applied as an out-patient to the Cancer Hospital at Brompton, which afterwards removed to Piccadilly, and was there under the care of Dr. Marsden and Mr. Weeden Cooke. *About nine months ago*, he, having become gradually weaker, was unable to walk to the hospital, but his wife continued to fetch medicine for him. He now took to his bed, but got up a little every day till *about three months ago*, when Mr. Stuart and Mr. Canton visited him, and examined him, per rectum, with a large bivalve speculum. *About two months ago*, he had difficulty in passing his urine, and Mr. Stuart drew it off with a catheter, and told him, if he had any difficulty again, to ask for the No. 6 instrument. They gave him good nourishment, and aperient medicine, and passed a rectal bougie, at first about every third or fourth day; but the obstruction having gradually increased, he has increased the frequency of its use, and he now passes it daily.

Present Condition.—November 17, 1856.

—The patient's appetite and digestion are remarkably good. His bowels required strong saline aperients to make them act. Through life his bowels have been regular, never having had to take medicine to keep them in order. He did not observe the stools to diminish in size till about five months since.

Condition of Rectum.—At the anus protrude two moderate-sized, pale red piles, and a rather abundant, sanious, offensive-smelling discharge comes from around them. On introducing the finger into the rectum, there is considerable pain experienced by the patient; the finger comes in contact with a hard swelling, extending all round the gut, which it involves further than the finger can reach. There is difficulty in passing the urine, which is accompanied with pain and smarting at the end of the

penis; this is always more or less constant. The urine comes away with the stools, and then only, so that it is almost impossible to obtain any for examination. He is very weak, and rolls about from the pain, "wishing to have something done to put him entirely out of the way." His intellect is quite good, and no symptoms referable to the cerebro-spinal centre. Pulse weak, 81. Ordered three ounces of senna confection, to be taken every morning. Diet: chop, two pints of milk, one pint of beef-teen, and one pint of porter.

18th. The patient had two motions yesterday. Considerable pain this morning; wants something to be done; proposed Amussat's operation for artificial anus. Continue diet and senna confection.

19th. The bowels were opened twice yesterday, and once this morning; the urine was passed at stool, with much straining. His general state is as described above.—Half past 2 P. M.: Having been put under the influence of chloroform, Mr. Erichsen made an incision about four inches long, extending, from within an inch and a half of the lumbar spines, outwards nearly to the left lateral median line. It was parallel to and between the crest of the ilium and the last rib, but somewhat nearer to the rib. Having divided the skin and the celluloadipose tissue, and the anterior border of the latissimus dorsi muscle, he divided the external and internal oblique and transversalis muscles on the director, also a portion of the quadratus lumborum. He then dissected through a considerable quantity of celluloadipose tissue which existed between the abdominal walls and the intestine, and with difficulty found the colon, which he pierced with a needle armed with fine whipcord, and drew forward. He then opened it with a pair of scissors, and Mr. H. Thompson, on passing his finger into it, came to fecal matter, some of which was adherent to it when he withdrew it. The edges of the gut and external wound were brought together by means of sutures, two above and two below. The rest of the external wound was closed with two more sutures. The whole was covered with wet lint, and the patient put to bed on his left side.—Five minutes past 3 P. M.: As he was recovering his consciousness from the effects of the chloroform, his pulse was 72, moderate.—Half past 3: He is complaining of much pain. Ordered one drachm of opium mix-

ture to be taken immediately. Mr. Stuart informed us that he has been accustomed to take very large quantities of opium.—Quarter to 4: The patient is very querulous, whining loudly, and declares he is in the greatest agony, and complains of a sensation of constriction round the body, as if he were tied to the bed, and repeatedly asked to have it removed. Ordered hydrochlorate of morphia, one grain, to be taken immediately.—Quarter past 4: Pulse 66; becoming less noisy with his pain.—Five minutes to 5: Pulse 72.—Quarter to 6: Repeat hydrochlorate of morphia mixture.—8: Pulse 72, same quality as before operation. He complains of considerable pain over the abdomen, but there is no tenderness on pressure. Apply hot fomentations. Ordered two drachms of opium mixture immediately.—Ordered two grains of hydrochlorate of morphia immediately.—Twenty minutes to 11: The pulse 72; pain in the abdomen is less than when the fomentations were ordered. He lies diagonally on his right side and back; this he finds the most comfortable position; he is quieter and more composed. Neither feces nor flatus, the patient states, have passed through the artificial anus.

20th. 9 A. M.: Slept for nearly two hours during the night, the grain of morphia having been repeated at 3 A. M. and at 7 A. M. He feels rather more comfortable this morning; has had less pain in the rectum since the operation. Nothing has escaped from either the wound or the gut, both of which look healthy. He lies diagonally, as described last night. He complains of pain in the left iliac fossa. Pulse 90. A warm poultice was applied over the wound, and also to the left iliac fossa.—Half past 2 P. M.: He has been put on to a spring bed, and looks and expresses himself as being more comfortable. He is now lying on his back. Pulse 104, intermitting every fourth beat. The morphia was repeated at 10 A. M. and at 1 P. M. He refuses to take any nourishment, either solid or liquid, but seems tolerably cheerful; "thinks he shall be able to eat an egg to-morrow." He sank, however, exhausted in the course of the night.

Post-mortem Examination, fifteen hours after Death.—(Nov. 21)—Being placed on his face, the left lumbar region was dissected into the abdomen. We found the descending colon opened, and its edges connected with those of the external wound. It was

much contracted, being considerably smaller than the small intestine which projected on either side, and was of the usual yellow or buff tint, while that of the colon was greenish. The body being placed on its back, the thorax and abdomen were opened. The lungs were healthy, but the bronchial glands somewhat enlarged. The heart was pale and flabby, the valves healthy; under the microscope, it was questionable whether it had undergone any fatty degeneration. The small intestines presented on their surface a small quantity of lymph, and some slight capillary injection. They were somewhat enlarged and distended, but contained very little fecal matter. The mesenteric glands were enlarged to a moderate amount. The lumbar glands were not enlarged. The large intestine was healthy, but presented an opening about eighteen inches above the sigmoid flexure. Scybala were found in considerable quantity below the opening; some also existed above. The opening was through the portion of colon uncovered by peritoneum. The rectum, for the distance of four inches above the anal opening, was involved in its whole circumference with ulcerating nodular masses of scirrhus tubercle: the whole was of a pale yellow colour. Close about the cancerously diseased portion of the gut, there was a large quantity of arborescent and capillary congestion, which was quite black; the congestion extended upwards for nearly seven inches, gradually becoming less marked. The tissue of the rectum between the cancerous masses was much softer than normal. (The preparation is put in the College museum.) The right kidney had undergone fatty degeneration to a considerable extent, having a greasy feel and yellowish tint, and presenting masses of apparently pure yellow tint, the line marking the separation between the tubular and cortical substance being almost obliterated. The left kidney presented the same characters, only in a less degree. The spleen was slightly enlarged, and of a light colour. The liver was pale, rather soft and flabby, and presented several yellowish masses (varying in size from that of a large pin's head to that of a small bean) scattered through its substance, which, on section, grated beneath the knife, and appeared to be cysts, with thick, hard walls, containing a creamy material, which, under the microscope, presented no compound nucleated cells, but a large number of fibro-plastic

cells with strongly-marked nuclei, closely resembling prismatic epithelium; fat, in the form of both globules and granules; cells filled with granular matter. The gall-bladder contained about ten drachms of thin, dark, dull yellow bile, in which was found a mass of black colour, gritty to the feel, and mulberry-like on the surface. It was composed of granular matter and rhomboidal plates of cholesterine.

I wish particularly to point out to you, gentlemen, that the operation in this case was performed with a different object to that for which it was originally brought before the profession. It was done not for the purpose of rescuing the patient from impending death resulting from intestinal obstruction, but in order to prolong existence by removing a source of constant suffering and irritation; and, although we did not succeed in our object, the operation is a proper one in such cases, and has been performed with the happiest results by M. Amussat, by my friend, Dr. Pennell, of Rio Janeiro, and others, under similar circumstances, the patient surviving for years in a state of considerable comfort. The artificial anus itself is much less annoying than would at first appear, as it is readily kept closed by means of a truss, the pad of which is applied over it.

In the performance of the operation itself, there was no difficulty until the anterior layer of the fascia transversalis was exposed. On opening this, layers of cellululo-adipose tissue presented themselves, and on successively incising these, a large quantity of loose fat was exposed, which, rising and falling with the respiratory movements, offered a somewhat embarrassing obstacle to the search for the intestine, which was completely contracted and empty. In carefully working our way through this mass of fat, partly by dissection, partly by tearing it asunder, the gut was exposed, and could be distinctly recognized by its greenish-gray colour and firmer feel, showing out in very evident contrast with the yellowish-buff colour of the contiguous tissues.

With regard to the cause of death in our case, I can only account for it by its being the effect of exhaustion, resulting from a prolonged operation, in a person labouring under extensive organic disease, and suffering from what at the time we were not aware of, viz: advanced granular degeneration of the kidneys—a complication which I believe

to be almost inevitably fatal in all cases in which the abdominal or pelvic organs are subjected to operative interference. It is this state of the kidneys that is so common a cause of death after operations for hernia, stone, or urethral stricture, leaving a low peritonitis and diffuse inflammation of the cellular planes. I believe, also, that it is a condition in which chloroform acts very unfavourably, disposing the patient to continued nausea, depression, and exhaustion, from which he does not rally, but sinks in a few hours or days, without complete reaction having come on.—*Lancet*, Jan. 17, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rock Island (Illinois) Medical Society.—The members of Rock Island Medical Society held their annual meeting in Rock Island, on Wednesday, the 14th inst.

The President, P. Gregg, M. D., being absent, the Vice-President, S. T. Hume, M. D., took the chair. The minutes of last meeting were read, and approved.

Owing to the absence of the President, whose duty it was to have delivered the annual address, Dr. Wm. A. Knox was called upon, and read to the Society a report of a very interesting case, treated by Dr. Truesdale (who is his partner) and himself. The case was an injury of the knee-joint from a circular saw, by which a wound was made, near eight inches in length, severing the rectus femoris muscle, cutting through the patella, opening into the cavity of the joint, and cutting into the condyle of the femur, as well as upper part of tibia, fully half an inch in depth. Notwithstanding all which injury the patient has recovered, with partial use of the joint, and they are in hopes to render its use perfect, or nearly so.

They are making out a report of the case, to send to you for publication.

The following are a portion of the laws and rules of government of our Society. It will receive no one to membership who is not a graduate of a respectable school of medicine; requires that the moral character of a candidate for membership shall be good, and if not, he shall be rejected.

By our Constitution members are prohibited from dividing responsibility with a

known quack, or associating with him in consultation; practising with nostrums, or secret patent medicines; exposing, vending, or advertising such medicines; and any member so guilty shall be considered an empiric, and shall be expelled from the Society.

By our laws, no member is permitted to consult with any member of the profession who consults with, or in any other way countenances quacks.

We have adopted the code of ethics of the American Medical Association, and each member is required scrupulously to adhere to its teachings.

I have been thus full in giving our rules of government, that our brethren who have the honour and reputation of our noble profession at heart, may see that there are those in this great west whose hearts beat in unison with theirs, notwithstanding a perfect avalanche of quackery, in the shape of all the ills of the day, is flooding this section of our country.

The following gentlemen are members of our organization: P. Gregg, M. D., W. F. Cady, M. D., S. T. Hume, M. D., S. K. Sharpe, M. D., Wm. A. Knox, M. D., C. Truesdale, M. D., E. H. Bowman, M. D., S. C. Plummer, M. D., J. R. Hayes, M. D., M. H. Crapster, M. D.

The officers elected for this year are:—

President, Calvin Truesdale, M. D.

Vice-President, E. H. Bowman, M. D.

Cor. Secretary, S. C. Plummer, M. D.

Rec. Secretary, W. F. Cady, M. D.

Treasurer, M. H. Crapster, M. D.

Dr. Saml. K. Sharpe is the delegate elected to represent this Society at the next meeting of the American Medical Association.

Doctors Truesdale and Bowman are the delegates to the next meeting of our State Medical Society.

Doctors Cady, Plummer, and Hayes are appointed a Committee to confer with the Davenport Medical Society, for the purpose of making arrangements for union meetings of the two Societies.

SAML. C. PLUMMER, M. D.,

Cor. Sect'y Rock Island Medical Society.
Rock Island, Ill., Jan. 20, 1857.

Lancaster City and County Medical Society.—At a stated meeting of the Lancaster City and County Medical Society, held on the 21st of January, 1857, the following

gentlemen were elected officers of the Society for the ensuing year, viz:—

President, Dr. J. B. Stabbs.

Vice-Presidents, Drs. M. A. Withers and E. B. Herr.

Recording Sec'y, Dr. J. L. Atlee.

Cor. Sec'y, Dr. Thos. Ellmaker.

Treasurer and Librarian, Dr. J. A. Ehler. Delegates elected to the American Medical Association, which convenes, at Nashville, on the 7th of May next:—

Drs. John Ream, J. L. Atlee, P. Cassidy, Thos. Ellmaker, E. B. Herr, J. A. Ehler, H. Carpenter.

THOS. ELLMAKER,

Cor. Sec'y Lancaster City and Co. Med. Soc. Lancaster, Feb. 14, 1857.

Philadelphia County Medical Society—List of Officers for 1857:—

President—Gouverneur Emerson, M. D.

Vice-Presidents—John Bell, M. D.; Thos. H. Yardley, M. D.

Recording Secretary—J. Aitken Meigs, M. D.

Assistant Rec. Secretary—T. Hewson Bahe, M. D.

Corresponding Secretary—Francis West, M. D.

Treasurer—Robt. P. Thomas, M. D.

Censors—Jno. B. Biddle, M. D.; D. Francis Condie, M. D.; Rene La Roche, M. D.; Samuel Lewis, M. D.; Lewis Rodman, M. D.

Medical Institution of Yale College.—At the annual commencement, held Jan. 15th, 1857, the degree of Doctor of Medicine was conferred on eleven candidates.

Louisville Medical College.—We regret to record the destruction by fire, on the morning of the 31st of December last, of the building belonging to the medical department of the University of Louisville. A considerable portion of the valuable library, a part of the chemical apparatus, and the large and valuable collection of natural history, and anatomical collection, were consumed.

[Some of our readers may have noticed in a recent number of the *London Lancet* some flippant reflections upon American physicians, founded upon a statement which has been going the rounds of the daily press, in regard to a method of detecting a mur-

derer by examining the eye of the murdered man, upon whose retina it was said the image of the murderer would be painted. The following letter somewhat amusingly turns the table upon the critic:—]

Your Bull and my Ox.—To the Editor of the *Medical News*.—SIR: I observe in a recent number of the *London Lancet* a severe censure upon American medical jurisprudence, based upon a statement published by two persons at Auburn, in New York, of their microscopic inspection of the eye of a murdered man.

This excels the Arrowsmith absurdity, on the part of our well-informed English cousins. The facts in this matter are the following: The coroner at Auburn, Mr. Sittzer, though not learned, is a man of practical discernment and good sense. He did not direct this eye exploration to be made, nor did he receive any testimony on that point. The investigation under notice was a volunteer affair assented to by the friends of the murdered man, and was conducted by Dr. Bellamy, an *Englishman*, who had come to this country to practise medicine and surgery under an English license. He was assisted by a young homoeopathic practitioner.

As the coroner rejected this volunteer information, Dr. Bellamy, doubtless, that it might not be lost to the world, with true national pride, had it published over his own signature in a political newspaper.

Respectfully yours,

THEO. DIMON, M. D.

AUBURN, N. Y., Feb. 1857.

Dr. Mütter and the Philadelphia College of Physicians.—In the number of this Journal for July last (p. 112), we announced the liberal offer made by Dr. Mütter to the Philadelphia College of Physicians, and in a subsequent number (Nov. 1856, p. 159), we expressed our regret that Dr. Mütter had failed to complete the arrangement.

We have recently received from Dr. Mütter the following communication, in which he offers an explanation of the causes which prevented his doing so at the time, and expresses his design of hereafter effecting it. *To the Editor of the Medical News.*

NOTES, Dec. 29, 1856.

SIR: A medical friend, not a resident of Philadelphia, has kindly sent me an extract from the *Medical News* of the 13th of No-

venember last, which extract conveys a grave charge against myself, and which, as I shall endeavour to show, is both unjust and uncalled for.

In order to render my assertion obvious, it will be necessary for me briefly to rehearse the history of the business to which the extract refers.

It is well known to the medical profession of Philadelphia, that last spring, finding myself compelled by ill health to resign my chair in the Jefferson College, and to leave the country, for a time at least, in search of a milder climate, I made a proposition to the "College of Physicians" of Philadelphia, to receive my museum, and to allow me to found in connection with that institution a school for pathological research, open to all regularly educated medical men and students of medicine, free of cost. The College entertained the proposition, and appointed a committee to confer with me upon the articles of the project. This committee, late in July, or early in August (not having the paper by me, I cannot specify the exact date), addressed to me through their chairman, Dr. Geo. B. Wood, a set of propositions essentially modifying those submitted by myself to the College. As there seemed, at the time, no objections to these modifications, I wrote Dr. Wood, to the effect, that I would accept them as the basis of a future contract between the College and myself. Upon subsequent examination, however, it appeared both to the committee and to myself, that these propositions might, advantageously to both parties, undergo considerable alterations. At last, by our united efforts, a set of articles, perfectly satisfactory, were drawn up. It then only remained for me to hand over certain securities named, to the trustees agreed upon, and for the College to meet, in order to ratify the acts of their committee. But now a serious difficulty presented itself: *Want of time properly to effect our object.* Although it was in the spring that my offer was made to the College, it was not until the last two weeks of September that the committee and myself were able, owing to absence from the city, to work together, and it was only four days before my sailing for Europe, that everything was completed.

I was notified of the satisfactory conclusion of our negotiations on the very day, when, in order to sail as I proposed, on the first of

October, it was necessary that I should leave for New York.

It will thus be observed, that for the transfer of the property which I proposed to convey, and for the meeting of the College to ratify our acts, only four days, of which one was Sunday, remained. This period, as is obvious, was too short for the accomplishment of our object, besides which, I was compelled, as before stated, by other matters of equal or greater importance, to leave the city. Under these circumstances I was forced to allow our affairs to remain unsettled, and I wrote to Dr. Wood to that effect, at the same time expressing my regret at the failure of all our efforts. On leaving my house for the steamboat, I met Dr. Norris, one of the committee, and also expressed to him my difficulty and my sorrow. My colleague, Dr. Bache, will also testify that I remained three days over the period when I should have left Philadelphia, and that I expressed to him my fears and regrets that we should not have time to complete our arrangements.

In conclusion, to prove how deeply I was and am still interested in the work, as soon as possible on my arrival in New York, I obtained the services of Mr. Cram, attorney at law, to arrange my will, and he is ready to testify that the first item in that paper, directs my executors, in case of my death, to hand over, before the payment of any other legacy, the sum of \$30,000 to the trustees agreed upon between the College and myself, and expresses my earnest desire that the arrangements made between us should be carried out. This, and other business, kept me constantly occupied until after midnight, the last day of September, when exhausted by watching and indisposition, I was unable to write to Philadelphia, and sailed the next morning, the 1st of October, at 9 o'clock. On arriving in Liverpool, I dispatched a letter, at once, to Dr. Wood, informing him of what I had done, and requesting him to read it to the College, and also promised that I would leave nothing undone to accomplish the chief object of my professional life.

It will be seen from the foregoing that I have, in every way, endeavoured to carry out my promise to the College. In case of my death, the money will be offered to the Institution by my executors, and I pledge myself, should I live to return home, to hand over the sum specified to the trustees,

provided the College is ready to receive it upon the terms already arranged between us.

Had the article in the *Medical News* read thus: "The College, after due consideration, accepted the trust, but we regret that, in consequence of Dr. Mütter's hurried departure for Europe, which prevented the accomplishment of all the details of the contract between the College and himself, the negotiations failed for the present," it would have conveyed the truth, and at the same time have spared the imputation of want of faith.

I have been deeply wounded and mortified by the article in question, and I am sure nothing more, under the circumstances, could have been done on my part to further the object, which has been my most earnest desire, for many years, to see accomplished.

THOS. D. MÜTTER.

We willingly afford Dr. Mütter the benefit of his explanation; and shall do so without further comment, than to deny that our article contained any charge against him, or that it was dictated by any other than kind feelings to him. We gave him credit for his liberality, and believe that he was sincere in his offer, and for those very reasons we did *then* and do *still*, much regret that he should have left the country without carrying out his proposition; and we have only to add that it was Dr. Mütter's province—not ours, to give the *reasons* for his doing so. We simply stated a fact, as is admitted by Dr. M., who, in a letter to us, accompanying the above communication, says: "You have stated a fact, it is true, but you might have known that there were two sides of every assertion."

We cannot admit that our assertions have two sides, although the facts stated may admit of two explanations.

FOREIGN INTELLIGENCE.

Oxide of Carbon as an Anæsthetic Agent.

—At a late meeting of the Academy of Sciences of Paris, M. OZANAM read a paper on the anæsthetic action of the oxide of carbon. The author started from the principle that the whole series of carbonated bodies, either volatile or gaseous, have anæsthetic properties; and he found, by actual experiment, that the action of the gas in question is analogous to that of chloroform. When

the gas is inhaled, four stages are noticed: 1, the premonitory; 2, the stage of excitement marked by contractions and convulsions; 3, the anæsthetic period; 4, return to consciousness or death. Sudden death may occur in two minutes, as with chloroform; but out of twenty-five experiments, death occurred but once. From this circumstance, it may be inferred that the inhalation of this gas is not so dangerous as has been supposed. Applied locally, this gas had no action where the epidermis was unbroken; but where it had been removed, anæsthetic effects were produced.—*Lancet*, Jan. 31, 1857.

Puerperal Fever.—In his report on the sanitary condition of St. Pancras during December, Dr. HILLIER remarks as follows on two cases of puerperal fever in the work-house: "There have been two deaths from puerperal fever, and several persons are now suffering from it. This disease is of a most infectious character, and when once it has gained access to a lying-in ward, it clings to it with remarkable tenacity for some time, in spite of all disinfectants. As soon as the disease made its appearance, Mr. Coster, the senior surgeon, with the utmost promptitude, used all precautionary measures to prevent its extension: such as the complete isolation of the patients suffering from it; preventing the nurses who attend on them from coming near other parturient women; the entire change of linen and beds; and placing all persons about to be confined, in a distant part of the building. The disease, however, is not yet eradicated. It is the intention of the Directors not to allow any nurse, who has been near the patients with puerperal fever, to attend lying-in women for three weeks. The resident surgeons will not attend any other accouchements for the same period; and all fresh cases of labour will, if possible, be kept at their own houses, or sent to lying-in hospitals. This disease frequently coexists with erysipelas, and it will be remembered that, in my last report, I stated that this disease was prevalent in the house, as it is also at the present time." It would be well if such precautions were adopted more frequently.—*Med. Times and Gaz.*, Jan. 24, 1857.

Solution of Phosphoric Acid in Typhus.—Prof. MAGNUS HUSS recommends the following solution of phosphoric acid in the

first stage of typhus, both in the abdominal and petechial forms: R.—Solution of phosphoric acid, two and a quarter ounces; Decoction of marshmallow, five ounces; Syrup of marshmallow, four ounces.—Mix. Dose from ten to fifteen drops every two hours. The solution contains twenty-five per cent. of phosphoric acid.—*Presse Méd. Belge*, 6th Sept., 1856.

Chloroform in Sea-Sickness.—Dr. LANDERER, a medical man at Athens, announces that he has discovered a specific against seasickness, viz: to give from ten to twelve drops of chloroform in water. He says the chloroform, in most cases, removes nausea, and persons who have taken the remedy soon become able to stand up, and get accustomed to the movement of the vessel. Should the sickness return, a fresh dose is to be taken. It was tried on twenty passengers on a very rough voyage from Zea to Athens, and all, with the exception of two, were cured by one dose. The minority, two ladies, were able to resist the feeling of illness on taking a second dose.—*Med. Times and Gaz.*, Jan. 24, 1857.

On Exploration by Commotion.—M. CRUVEILHIER observes that, in all cases of jaundice, as in all other diseases in which he suspects the liver to be affected, he is in the habit of exploring this organ by "commotion." For this purpose, the patient is placed on his seat, and the right side of the thorax is percussed from above downwards, the patient being desired to express himself when aware of unusual sensation or pain. It is very rare in recent icterus, and especially in febrile icterus, for the patient not to announce a marked sensibility as soon as the percussion excites a shaking of the liver. By this means, too, an abscess of the liver, the consequence of a fall from a high place, has been diagnosed. M. Cruveilhier has also applied this mode of exploration to the kidney, spleen, heart, and even the uterus. For the brain, it may be put into force by suddenly pulling at a handkerchief that is held closely between the teeth. In this way it has been advantageously used in many cases of cerebral disease.—*Med. Times and Gaz.*, Feb. 7, 1857, from *Archives Gén.*, Jan. 1857.

Removal of Tumours by a New Method.—Dr. SIMPSON, of Edinburgh, has been ex-

perimenting on the removal of tumours by a method novel in this country. He introduces a hollow acupuncture needle, or very fine trocar, into their tissue, and injects a few drops of some irritant liquid—such as a solution of chloride of zinc, perchloride of iron, or creosote. The effect has been to destroy the vitality of the tumours so treated, and they have been separated by a process of enucleation. We have seen a somewhat similar plan adopted in Paris by M. Maisonneuve. He has slender stylets made of a paste composed of flour, water, and chloride of zinc. These are baked. A puncture is made in the tumour, the caustic stylet is inserted, broken off, and left. We saw several malignant tumours treated in this manner, and some cases in which a healthy granulating surface was left after the separation of tumours which had been destroyed in this manner.—*Med. Times and Gazette*, Feb. 7, 1857.

Remarkable Fecundity.—In a commune near Lille, a young woman, who had on each previous occasion had twins, gave birth, in her third confinement, to five children, three boys and two girls. Her labour lasted forty hours. All the children were perfectly formed but small, and two days after the birth of the last were likely to live.—*Presse Méd. Belge*.

Statistics of Population of France.—The returns show that France possessed, in 1856, 36,039,354 inhabitants, while, in 1852, the number was 35,781,628. They consequently represent an increase of 257,736 inhabitants during the last five years. The mortality, which was one in every 25 inhabitants in 1772, was only one in every 44 in the year 1844. It therefore ensues that mortality has diminished to the extent of three-quarters in the space of 72 years.—*Med. Times and Gaz.*, Jan. 24, 1857.

New Remedy for Cancer.—We find the following statement in a recent number (Jan. 31, 1857) of the *Medical Times and Gazette*:—

"It may be known to many of our readers, that Dr. FELL, an American physician, has been employing a secret remedy in the treatment of cancer for some months past in London, and has acquired a very considerable reputation. It should be also known that Dr. Fell has invited the attention of the

profession to his treatment, and has opened his house every Tuesday to any practitioner who wished to observe the results of his caustics. A great many of the leading surgeons of the Metropolis, though unwilling to countenance the use of a secret remedy, have thought it their duty to see what really could be done by Dr. Fell. Another step has just been taken in the matter. It seems that there is at the Middlesex Hospital a large cancer endowment; one of the provisions of which is that every means should be taken to test fairly any remedy which is not preserved as a secret one. When the Board heard, through some of its members many months ago, that Dr. Fell was using a remedy which had done good in some instances, they wrote and invited him to make a trial at the hospital. Dr. Fell has come forward and has offered to apply his remedies on a given number of cases, and for a given time; divulging to the surgeons of the hospital the nature of his remedies,

under promise that they will not use them, nor make them known before the expiration of six months; and that when the trial has been made for the stipulated time, they will report on the cases which have been treated; the treatment to be carried on under the observation of the surgeons. Dr. Fell also promised himself to publish the nature of his treatment in a short time. The proposal was at once accepted. Dr. Fell has been using his remedies under the observation of the surgeons of the Middlesex Hospital for more than a week, and has explained their nature and mode of preparation; and these gentlemen report, that so far as they can judge, he has acted in perfect good faith and candour, without any reservation. The results will be made known in due time. Meanwhile we think these facts should be made public; and, as so much has been said about Dr. Fell's treatment, it should be known that it is being fairly tested under competent supervision."

COMPLETION OF TODD AND BOWMAN'S PHYSIOLOGY.

THE concluding portion of the "PHYSIOLOGICAL ANATOMY and PHYSIOLOGY of MAN," by Drs. TODD and BOWMAN, has just appeared in London. Its publication in the "NEWS and LIBRARY" being prevented at present by the necessity of continuing the issue of "WEST ON DISEASES OF FEMALES," the publishers have arranged to issue it immediately in a form that will enable their old subscribers to complete without delay their copies commenced in former years of the "NEWS." In a few days they will, therefore, be able to supply it, by mail, free of postage, on receipt of the amount, as follows:—

Complete in one very large octavo volume, of about 950 pages, with 300 illustrations, bound in leather	\$4 50
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By referring to their files of the "News," gentlemen will readily see which of the above portions are requisite to complete their copies, and they are requested to lose no time in sending for what is wanted, on account of the limited number on hand of some parts of the work.

The great delay which has occurred in the appearance of this work has arisen from the large amount of original investigation necessary to the execution of the plan adopted by the authors. This gives it a peculiar value to all who desire to keep themselves acquainted with the progress both of Anatomy and of Physiology.

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